Image# 14952961894 PAGE 1 / 57

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only	
1. NAME OF COMMITTEE (in full)	E OR PRINT ▼	Example: If typi over the lines.	ing, type	12FE4M5		
Protecting Choice in Califo	ornia, a project of	Planned Parer	nthood Affil	liates of C	alifornia	
ADDRESS (number and street)	55 Capitol Mall, Suite 1429	5				
Check if different						
than previously reported. (ACC)	Sacramento			CA	95814	
2. FEC IDENTIFICATION NUMB	ER ▼ CI	TΥ▲	S	STATE 🛦	ZIP CODE ▲	
C C00556860			NEW (N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	b) Monthly Feb Report Due On:	20 (M2)	May 20 (M5)	Aug 2	(Non-E Year C	• .
(a) Quarterly Reports:	Ma	r 20 (M3)	Jun 20 (M6)	Sep 2		20 (M12) lection lnly)
April 15	Apr	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 3	31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	Primary (12)	P)	General (12G) Runo	ff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention	(12C)	Special (1	2S)	
October 15 Quarterly Report (Q3)		M M /	D D /	Y	in the	
January 31 Year-End Report (YE)	Election				State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30	G)	Runoff (30	OR) Speci	al (30S)
Termination Report (TER)	rieport for the.	M = M /	D = D /	Y	in the	-
	Election	on on 11	04	2014	State of	CA
5. Covering Period 10	16 / 2014	through	M = M	24	2014	
I certify that I have examined this Re	eport and to the best of	f my knowledge and	belief it is true	e, correct and	complete.	
Type or Print Name of Treasurer K	athleen Cogan					
Signature of Treasurer Kathleen C	Cogan	[Electronical	<u>ly Filed]</u> Da	ate 12	02 / 201	4
NOTE: Submission of false, erroneous,	, or incomplete informatio	n may subject the per	rson signing thi	s Report to the	e penalties of 2 U.S.C.	§437g.
Office Use Only					FEC FORM 3 Rev. 12/2004	x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

10 2014 Report Covering the Period: 16 2014 24 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 105901.09 January 1. 2014 (b) Cash on Hand at 24778.15 Beginning of Reporting Period..... 507858.94 99371.46 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 124149.61 613760.03 6(a) and 6(c) for Column B)..... 90856.65 474565.98 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 33292.96 33292.96 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 11603.35 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total This Period	Calendar Year-to-Date
(a) Individuals/Persons Other		
Than Political Committees	 	1
(i) Itemized (use Schedule A)	44000.00	269680.00
	 	
(ii) Unitemized	0.00	435.00
(iii) TOTAL (add		070445.00
Lines 11(a)(i) and (ii)▶	44000.00	270115.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	51294.46	213480.55
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		1
Totals to Line 33, page 5)▶	95294.46	483595.55
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
3. All Loans Received		0.00
4. Lean Barannanta Basainad	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	4077.00	24263.39
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add To(a) and To(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	99371.46	507858.94
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)	99371.46	507858.94
(Subtract Line 10(c) from Line 13)	33071.40	007000.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period			
21. Operating Expenditures: (a) Allocated Federal/Non-Federal		Total Tillo I orlow	Calendar Year-to-Date		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
	(i) I coordi chare				
	(ii) Non-Federal Share	0.00	0.00		
(1	b) Other Federal Operating				
,	Expenditures	46478.45	260197.90		
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46478.45	260197.90		
т	ransfers to Affiliated/Other Party	40470.43	200137.30		
	Committees	0.00	0.00		
C	Contributions to ederal Candidates/Committees				
а	and Other Political Committees	0.00	0.00		
	ndependent Expenditures				
(use Schedule E) Coordinated Party Expenditures	32295.06	153633.87		
(2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00		
(1	use Schedule F)	0.00	0.00		
ı	oan Repayments Made	0.00	0.00		
_	San Hopaymonic Made				
	oans Made	0.00	0.00		
	Refunds of Contributions To: a) Individuals/Persons Other				
(Than Political Committees	0.00	0.00		
			0.00		
` `	b) Political Party Committees	0.00	0.00		
((c) Other Political Committees (such as PACs)	0.00	0.00		
	(Such as FAOS)	0.00			
(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
	T T				
C	Other Disbursements	12083.14	60734.21		
_	Endered Floation Activity (2.11.5.0. \$421(20))				
	rederal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity				
',	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	F				
	(ii) "Levin" Share	0.00	0.00		
(1	b) Federal Election Activity Paid Entirely	0.00	0.00		
,	With Federal Funds	0.00	0.00		
((c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		7 7 7		
Т	otal Disbursements (add Lines 21(c), 22,				
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	90856.65	474565.98		
			7		
	otal Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii)	*****	rates as		
fı	rom Line 31)	90856.65	474565.98		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	95294.46	483595.55
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95294.46	483595.55
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	46478.45	260197.90
7. Offsets to Operating Expenditures (from Line 15, page 3)	4077.00	24263.39
3. Net Operating Expenditures (subtract Line 37 from Line 36)	42401.45	235934.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LIN	LINE NUMBER: PAGE 6 OF 57								
(check only one)									
X 11a	11b	11c	12	!					
13	14	15	16	17					

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc Date of Receipt Mailing Address 518 Garden Street 2014 10 21 City Zip Code State Transaction ID : INCA426 CA Santa Barbara 93101 Amount of Each Receipt this Period FEC ID number of contributing C 4000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 4400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 10 21 2014 City State Zip Code Transaction ID: INCA427 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 40000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 261321.39 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 44000.00

44000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	196# 14332301300								
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 57 (check only one) 11a					
	y information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Protecting Choice in California,	a project	of Planned Parenthood	d Affiliates of California					
Α.	Full Name (Last, First, Middle Initial) House Majority PAC			Date of Receipt					
	Mailing Address 700 13th Street, NW, Suite 600			10 22 2014					
	City Washington	State DC	Zip Code 20005	Transaction ID : NONA446 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		15775.46					
	Name of Employer	Occupation		In-kind: Polling					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 15775.46						
В.	Full Name (Last, First, Middle Initial) Planned Parenthood Advocacy Projumailing Address 555 Capitol Mall, Suite 1425	ect Los An	,	Date of Receipt 10 27 2014					
	City	State	Zip Code	Transaction ID : INCA442					
	Sacramento FEC ID number of contributing federal political committee.	СА	95814	Amount of Each Receipt this Period 10000.00					
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 63209.00							
<u>с.</u>	Full Name (Last, First, Middle Initial) Planned Parenthood Advocacy Proje	ect Los An	geles County Action Fund	Date of Receipt					
	Mailing Address 555 Capitol Mall, Suite 1425			10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Sacramento FEC ID number of contributing federal political committee.		State CA	Zip Code 95814	Transaction ID : INCA441 Amount of Each Receipt this Period					
		С		10000.00					
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 63209.00						

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

35775.46

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age# 14952961901			
CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 57 (check only one) 11a 11b X 11c 12 13 14 15 16 17
y information copied from such Reports and S for commercial purposes, other than using the	tatements m	ay not be sold or used by any pe	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Protecting Choice in California,			
Full Name (Last, First, Middle Initial) Vote Planned Parenthood Shasta-Pacific, a pr	oject of Plan	ned Parenthood Shasta-Pacific Ac	t Date of Receipt
Mailing Address 555 Capitol Mall, Suite 1425			10 17 2014
City Sacramento	State CA	Zip Code 95814	Transaction ID : INCA415 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		3719.00
Name of Employer	Occupation	ו	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 21346.09	
Full Name (Last, First, Middle Initial) Vote Planned Parenthood Shasta-Pacific, a proj	ect of Planne	ed Parenthood Shasta-Pacific Act	Date of Receipt
Mailing Address 555 Capitol Mall, Suite 1425			10 17 2014
City Sacramento	State CA	Zip Code 95814	Transaction ID : INCA414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		6800.00
Name of Employer	Occupation	1	_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 21346.09	
Full Name (Last, First, Middle Initial) Women's Political Committee			Date of Receipt
Mailing Address 777 South Figueroa Street, Suite 4050			10 21 / Y = Y = Y = Y
City Los Angeles	State CA	Zip Code 90017	Transaction ID : INCA428 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		5000.00
Name of Employer	Occupation	ו	-
Receipt For: Primary General	Aggregate	Year-to-Date ▼	

5000.00

15519.00

51294.46

Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

В.

C.

S 17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 57 (check only one) 11a 11b 11c 12 13 14 X 15 16 17					
	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Protecting Choice in California,	name and a	address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
Full Name (Last, First, Middle Initial) A. Political Data, Inc. Mailing Address P.O. Box 59570				Date of Receipt 11 07 2014					
	City Norwalk FEC ID number of contributing	State CA	Zip Code 90652	Transaction ID : INCA493 Amount of Each Receipt this Period 4077.00					
	federal political committee. Name of Employer	Occupation		Refund of Data Costs					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4077.00						
В.	Full Name (Last, First, Middle Initial) B. Mailing Address		70.004	Date of Receipt					
	FEC ID number of contributing federal political committee.	State	Zip Code	Amount of Each Receipt this Period					
	Name of Employer Receipt For:	Occupation	Year-to-Date ▼						
	Primary General Other (specify) ▼		4 4						
C.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt					
FEC ID number of contributing federal political committee.		State	Zip Code	Amount of Each Receipt this Period					
		Occupation							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼						

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4077.00

4077.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 10 OF 57	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 28c 29 30b
[
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.				
NAME OF COMMITTEE (In Full)				
Protecting Choice in California, a p	project of Planned P	arenthood	Affiliates of Cali	fornia
Full Name (Last, First, Middle Initial)				
A. AMS Communications, Inc.			Date of Disbursem	ent
Mailing Address 500 Sansome Street, Suite 404			10 21	2014
City	State Zip Code		Transaction ID :	EVDR507
San Francisco	CA 94111		mansaction ib .	LAI 0331
Purpose of Disbursement Mailer Non Federal Expense		004	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		10000.00
Office Sought: House Disburse	ment For:	.,,,,		,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursem	ent
B. House Majority PAC				ent / Y Y Y Y Y Y
Mailing Address 700 13th Street, NW, Suite 600			10 22	2014
City	State Zip Code		Transaction ID :	NONB446
Washington Purpose of Disbursement	DC 20005			
In-kind: Polling			Amount of Each Di	sbursement this Period
Candidate Name		Category/		45775.40
House Majority PAC		Type		15775.46
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Planned Parenthood Affiliates of C	alifornia		Date of Disbursem	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510			10 18	2014
City	State Zip Code		Transaction ID .	EVDDE04
Sacramento	CA 95814		Transaction ID:	EAPD394
Purpose of Disbursement Staff Time & Travel Expenses Non Federal Expense				
Candidate Name		001	Amount of Each Di	sbursement this Period
		Category/ Type		2014.90
Office Sought: House Disburse	ment For:	71	,	4
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
CUPTOTAL of Dishuranments This Doze (artisme)				27790.36
SUBTOTAL of Disbursements This Page (optional).		······		
TOTAL This Period (last page this line number only)	·····•		

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SCHEDULE B (FEC Form 3X)						PAGE 11 OF 5				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	T (GILCOK GIII)	(check only one)			04 🗆 05 -			
		Summary Page	X 21b 22 23 27 28a 28b			24 28c	25 29	26 30b		
Any information copied from such Reports and Staten										
or for commercial purposes, other than using the name	ne and addi	ess of any politic	cai committee to	Solicit cont	ributions tro	m such co	mmitte) e.		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a p	roject of	· Planned P	arenthood	Δffiliatos	of Calif	ornia				
/	roj e ct oi	riaillieu r	arentinoou	Allillates	or Calli	Ullila				
Full Name (Last, First, Middle Initial) A. Planned Parenthood Affiliates of Ca	alifornia			Date of	Disbursemei	nt				
- Planned Parenthood Allillates of Ca	alliomia			M M	/ D D		Y	Υ		
Mailing Address 555 Capitol Mall, Suite 510				10	18		014			
City	State	Zip Code		Transa	ction ID : E	YPR505				
Sacramento Purpose of Disbursement	CA	95814		ITalisa	ction ib . L	KI 2555				
Internet for Field Office Non Federal Expense			001	Amount	of Each Dis	bursement	t this F	eriod		
Candidate Name			Category/				25	.00		
Office Sought: House Disbursen	nent For:		Туре		-	7		.00		
Senate Sought.	Primary	General								
President	Other (spec	cify) 🔻								
State: District:										
Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of C	alifornia			Date of	Disburseme	nt				
Planned Parenthood Anniates of C	amornia			M M	/ D D		Y	Υ		
Mailing Address 555 Capitol Mall, Suite 510				10	18		014			
City	State	Zip Code								
Sacramento	CA	95814		Transa	ction ID : E	XPB596				
Purpose of Disbursement Staff Time Non Federal Expense			001	Amount	of Each Dis	huraamant	t thin E	Pariod		
Candidate Name				Amount	JI Each Dis	bursement	. 11115 F	enou		
			Category/ Type	L			3338	.72		
Office Sought: House Disbursen				•						
Senate President	Primary	General								
State: District:	Other (spec	ony) ▼								
Full Name (Last, First, Middle Initial)										
C. Planned Parenthood Affiliates of Ca	alifornia			Date of	Disburseme	nt				
Mailing Address 555 Capitol Mall, Suite 510				м = м 11	/ D D D 05		014	Y		
				7.	ų,					
	State	Zip Code		Transa	ction ID : E	XPB465				
Sacramento Purpose of Disbursement	CA	95814								
Staff Time			001	Amount	of Each Disl	bursement	t this F	eriod		
Candidate Name			Category/				355.	40		
Office Sought: House Disbursen	nent For:		Туре		7	7	000.			
Senate	Primary	General								
President	Other (spec	cify) 🔻								
State: District:										
CURTOTAL of Dishursements This David (anti-out)							3719.	.12		
SUBTOTAL of Disbursements This Page (optional)			······	-	7	-1		#		
TOTAL This Period (last page this line number only)				1		(D) 1		1		

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S	CHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 12					12 C	OF 57								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(0,		eck only one)									
			Summary Page		×	21b 27	22	<u> </u>	23 28b		24 28c		25 29		26 30b
Γ.	ny information copied from such Reports and Statem		not be cold or us		201					of a					00
	for commercial purposes, other than using the nam														
\setminus	NAME OF COMMITTEE (In Full)														
	Protecting Choice in California, a p	roject o	f Planned P	arent	ho	od /	Affilia	tes	of C	alit	forni	а			
_	Full Name (Last, First, Middle Initial)														
Α.	Planned Parenthood Affiliates of Ca	alifornia	1				Date	of D	isburs	eme	ent / Fy	Y	Y	Υ	
	Mailing Address 555 Capitol Mall, Suite 510						1	1		20	ΙL	201			
	City	State	Zip Code				Tre	near	tion II) · E	XPB6	35			
	Sacramento	CA	95814				116	IIISau	tion ii	, . L	.XI DU.	55			
	Purpose of Disbursement Staff Time & Expenses for Field Program Non Fede	ral Expens	e	00	01		Amo	unt o	f Each	n Dis	sbursei	ment t	his F	eriod	
	Candidate Name			Cate	gor pe	y/						2	2758	.91	1
	Office Sought: House Disbursen	nent For:		1 9	pe				- 7		,				
		Primary	General												
	President	Other (spe	ecify) 🔻												
	State: District:														
	Full Name (Last, First, Middle Initial)														
В.	Planned Parenthood Affiliates of Ca	alifornia	à				Date	of D	isburs	eme	ent ———				
	Mailing Address 555 Capitol Mall, Suite 510						M 1	м 1		20	/ Y	201		Y	
	Soo Capitol Mail, Suite 510														
		State CA	Zip Code				Tra	ınsac	tion II	D : E	EXPB6	34			
	Sacramento Purpose of Disbursement	CA	95814												
	Staff Time & Expenses for Field Program Non Fede	ral Expens	e	0	01		Amount of Each Disbursement this Period						eriod		
	Candidate Name			Cate	aor	v/							4404	0.4	1
					ре			_	7	_	7	-	1124	.84	J.
	Office Sought: House Disbursem														
		Primary Other (spe	General												
	State: District:	Other (spe	city) 🔻												
_	Full Name (Last, First, Middle Initial)														_
C.	Planned Parenthood Affiliates of Ca	alifornia	ı				Date	of D	isburs	eme	ent				
							M	M	/ D	D	/ Y	Υ	Υ	Υ	
	Mailing Address 555 Capitol Mall, Suite 510						1	1		20	L	201	4		
	City	State	Zip Code												
	Sacramento	CA	95814				Tra	ınsac	tion II	υ : E	EXPB6	33			
	Purpose of Disbursement Online Voter Guide Non Federal Expense				_										
Candidate Name				00	04		Amo	unt o	f Each	n Dis	sburse	ment t	his F	eriod	
	Candidate Name			Cate	gor pe	y/							109	.21	1
	Office Sought: House Disbursen	nent For:		ı y	۲۰				7		7		_	_	4
		Primary	General												
	President	Other (spe	ecify) 🔻												
_	State: District:														
				_							-		2002	0e	7
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	NAME OF COMMITTEE (In Full)										
	Protecting Choice in California, a p	roject of	f Planned Pa	arenthood .	Affiliates of	f California					
^	Full Name (Last, First, Middle Initial)				Data of Dist	nurcoment					
Α.	Planned Parenthood Affiliates of Ca	alitornia			Date of Disk	oursement					
	Mailing Address 555 Capitol Mall, Suite 510				11	20 2014					
	City	State	Zip Code		Transactio	on ID : EXPB632					
	Sacramento	CA	95814		Transactio	III ID . EXT BOSZ					
	Purpose of Disbursement Staff Time & Expenses Non Federal Expense			001	Amount of E	Each Disbursement this Period					
	Candidate Name			Category/		3146.77					
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В.	Planned Parenthood Affiliates of C	alitornia			Date of Disk						
	Mailing Address 555 Capitol Mall, Suite 510					11 20 2014					
	City	State	Zip Code		Transactio	on ID : EXPB631					
	Sacramento	CA	95814		TTAITSACTIC	MID. EN BUST					
	Purpose of Disbursement Staff Time & Expenses for Field Program Non Fede	ral Expense		001	Amount of F	Each Disbursement this Period					
	Candidate Name	•		Category/	, another to	20. Dioda comoni tillo i chou					
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_	Full Name (Last, First, Middle Initial)										
C.	Planned Parenthood Affiliates of Ca	alifornia			Date of Disk	pursement					
					M M /						
	Mailing Address 555 Capitol Mall, Suite 510				11	20 2014					
	City 5	State	Zip Code		Tue	ID . EVDD000					
	Sacramento	CA	95814		ransactio	on ID : EXPB630					
	Purpose of Disbursement Staff Time & Expenses for Field Program Non Fede	ral Expense	<u> </u>	001							
	Candidate Name	Aponoc	•	001	Amount of E	Each Disbursement this Period					
	Canadate Name			Category/ Type		1236.72					
	Office Sought: House Disbursen	nent For:		.,,,,							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBED.	PAGE 14 OF 57
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or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from	m such committee.
NAME OF COMMITTEE (In Full)				
$ \; angle$ Protecting Choice in California, a p	roject of Planned P	arenthood	Affiliates of Califo	ornia
Full Name (Last, First, Middle Initial)			Date of Disbursemer	~ 4
A. Planned Parenthood Affiliates of C	alitornia			
Mailing Address 555 Capitol Mall, Suite 510			11 20	2014
g sale coo capital mail, cano cre				
City	State Zip Code		Transaction ID : EX	/DR620
Sacramento	CA 95814		Transaction ib . E	(FB023
Purpose of Disbursement Staff Time & Expenses for Field Program Non Fede	eral Expense	001	Amount of Foob Dial	ourcoment this Deried
Candidate Name	Tai Zaponeo	001	Amount of Each Dist	oursement this Period
Candidate Name		Category/ Type		4015.80
Office Sought: House Disburser	ment For:	1,700		
Senate	Primary General			
President	Other (specify) ▼			
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Full Name (Last, First, Middle Initial)				
B. Planned Parenthood Affiliates of C	alifornia		Date of Disbursemer	nt
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Mailing Address 555 Capitol Mall, Suite 510			11 21	2014
City	State Zip Code		Transaction ID - EV	VDD570
Sacramento	CA 95814		Transaction ID : EX	XPB378
Purpose of Disbursement Staff Time; 11/5 - 11/15		inai.		
Candidate Name		001	Amount of Each Dist	oursement this Period
Candidate Name		Category/	1	1612.22
Office Sought: House Disburser	ment For:	Type		
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President	Other (specify) ▼			
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Full Name (Last, First, Middle Initial)				
C.			Date of Disbursemer	nt
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Purpose of Disbursement				
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Candidate Name		Category/		
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President	Other (specify)			
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SUBTOTAL of Disbursements This Page (optional)				5628.02
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TOTAL This Period (last page this line number only))		1	46478.45

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SCHEDULE B (FEC Form 3X)		FOD ! INT	NUMBER: PAGE 15 OF 57	
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	Detailed Summary Page	27	28a 28b 28c X 29 30b	
Any information copied from such Reports and State	ments may not be sold or u	sed by any perso	on for the purpose of soliciting contributions	
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NAME OF COMMITTEE (In Full)				
Protecting Choice in California, a p	roject of Planned P	arenthood	Affiliates of California	
/	<u> </u>			
Full Name (Last, First, Middle Initial)			B (B)	
A. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement	
Mailing Address 555 Capitol Mall, Suite 510			11 05 2014	
Mailing Address 333 Capitol Mail, Suite 310			11 03 2014	
City	State Zip Code			
Sacramento	CA 95814		Transaction ID: EXPB454	
Purpose of Disbursement	tion Fund of the Decitio			
Non Monetary Donation to Planned Parenthood Ac	uon Fund of the Pacific	012	Amount of Each Disbursement this Period	
Candidate Name		Category/	8583.33	
Office Sought: House Disburse	ment For:	Туре	111100	
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B. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement	
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Mailing Address 555 Capitol Mall, Suite 510			11 05 2014	
•	State Zip Code CA 95814		Transaction ID : EXPB467	
Sacramento Purpose of Disbursement	CA 95814			
Non Monetary Donation to Planned Parenthood Ac	vocates Mar Monte (ID	012	Amount of Each Disbursement this Period	
#C00007311) Candidate Name		Category/		
		Type	214.07	
Office Sought: House Disburse	ment For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			5 . (5:1	
C. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement	
Mailing Address 555 Capitol Mall, Suite 510			11 05 2014	
Mailing Address 355 Capitol Mail, Suite 310			11 00 2014	
City	State Zip Code		Transaction ID - EVDD 402	
Sacramento	CA 95814		Transaction ID : EXPB463	
Purpose of Disbursement Non Monetary Donation to Planned Parenthood Ac	tion Fund of the Pacific			
Southwest (ID #C90011412)	uon runa oi the racinc	012	Amount of Each Disbursement this Period	
Candidate Name		Category/	769.18	
Office Sought: House Disburse	ment For:	Туре	7	
Senate Dispurse	Primary General			
President	Other (specify)			
State: District:	- \-			
SUBTOTAL of Disbursements This Page (optional)			9566.58	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 OF 57
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	` 21b	22 23 24 25 26
	Detailed Summary Fage	27	28a 28b 28c X 29 30b
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NAME OF COMMITTEE (In Full)			
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Full Name (Last, First, Middle Initial)			Data of Dishara and
A. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement
Mailing Address 555 Capitol Mall, Suite 510			11 21 2014
mamily real see 500 depiter wan, dute 510			2.
City	State Zip Code		Transaction ID : EXPB524
Sacramento	CA 95814		Transaction ID: EXPB324
Purpose of Disbursement Non Monetary Donation to Planned Parenthood Act	ion Fund of the Pacific	040	
Southweet (ID #C90011412) Candidate Name	and of the Facility	012	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3.96
Office Sought: House Disburser	nent For:	71	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement
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Mailing Address 555 Capitol Mall, Suite 510			11 21 2014
City	State Zip Code		
Sacramento	CA 95814		Transaction ID: EXPB526
Purpose of Disbursement Non Monetary Donation to Planned Parenthood Ad	vecetee Mar Mente (ID		
#C00007311\(\)	vocates mai monte (id	012	Amount of Each Disbursement this Period
Candidate Name		Category/	3.96
Office Sought: House Disburser	nent For:	Туре	7 7
Senate	Primary General		
President	Other (specify)		
State: District:	, , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)			
C. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510			11 21 2014
City	State Zip Code		
Sacramento	CA 95814		Transaction ID: EXPB532
Purpose of Disbursement			
Non Monetary Donation to Planned Parenthood Act _Southwest (ID #C90011412)	ion Fund of the Pacific	012	Amount of Each Disbursement this Period
Candidate Name		Category/	10.56
		Type	10.56
Office Sought: House Disburser			
Senate President	Other (specify) —		
State: District:	Other (specify) ▼		
Side District.			
SUBTOTAL of Disbursements This Page (optional)			18.48
TOTAL This Period (last page this line number only)			

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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 17 OF 57
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)	
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٨	Full Name (Last, First, Middle Initial)	. 116			Data of Diaburaan	aont
Α.	Planned Parenthood Affiliates of Ca	alifornia	l		Date of Disbursen	
	Mailing Address 555 Capitol Mall, Suite 510				11 21	2014
	City	State	Zip Code		Transaction ID :	FXPR560
	Sacramento Dishuranment	CA	95814		Transaction is .	EXI BOOD
	Purpose of Disbursement Non Monetary Donation to Planned Parenthood Adv #C00007311\	ocates Ma	r Monte (ID	012	Amount of Each D	Disbursement this Period
	Candidate Name			Category/ Type	7	153.13
	Office Sought: House Disbursen	nent For:				
		Primary	General			
	State: District:	Other (spe	ecify) 🔻			
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В.	Full Name (Last, First, Middle Initial)	alifa mai a			Date of Disbursen	nent
υ.	Planned Parenthood Affiliates of C	amomia	1			
	Mailing Address 555 Capitol Mall, Suite 510				11 21	
	City	State	Zip Code		Turner attention	EVENEZA
	Sacramento	CA	95814		Transaction ID :	EXPB5/0
	Purpose of Disbursement Non Monetary Donation to Planned Parenthood Act	ion Fund o	f the Pacific	244		
	Candidate Name	ion i una o	Ture racine	012	Amount of Each L	Disbursement this Period
	Candidate Name			Category/		320.46
	Office Sought: House Disbursen	nent For		Туре	7	9
		Primary	General			
	President	Other (spe	ecify) 🔻			
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	Full Name (Last, First, Middle Initial)					
C.	Planned Parenthood Affiliates of Ca	alifornia	l		Date of Disbursen	nent
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	Mailing Address 555 Capitol Mall, Suite 510				11 21	2014
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		CA	95814		Transaction ID :	EXPB565
	Purpose of Disbursement	ion Fund of	the Posific			
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412) 012			Amount of Each D	Disbursement this Period		
	Candidate Name			Category/		1044.36
	Office Sought: House Disbursen	nent For:		Туре		
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 18 OF 57
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 23	24 25 26
		27	28a 28b	28c X 29 30b
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NAME OF COMMITTEE (In Full)				
Protecting Choice in California, a	project of Planned Pa	arenthood A	Affiliates of Cali	ifornia
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A. Planned Parenthood Affiliates of (Jalifornia 		M M / D D	ent
Mailing Address 555 Capitol Mall, Suite 510			11 21	2014
City	State Zip Code		Transaction ID :	FXPB533
Sacramento Purpose of Disbursement	CA 95814		Transaction 12 1	ZA. 2000
Non Monetary Donation to Planned Parenthood A	dvocates Mar Monte (ID	012	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type	7	10.56
	ement For:			
Senate	Primary General			
State: President District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of (California		Date of Disbursem	ent
B. Planned Parenthood Affiliates of	Calliornia			/
Mailing Address 555 Capitol Mall, Suite 510			11 21	2014
City	State Zip Code		Transaction ID :	EXPB569
Sacramento Purpose of Disbursement	CA 95814			
Non Monetary Donation to Planned Parenthood A	Advocates Mar Monte (ID	012	Amount of Each D	isbursement this Period
#C00007311\\ Candidate Name			7 6. 246.1 2	
		Category/ Type		202.38
Office Sought: House Disburs	ement For:			·
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)	O 114		Data of Diahumaan	
C. Planned Parenthood Affiliates of C	California		Date of Disbursem	
Mailing Address 555 Capitol Mall, Suite 510			11 21	2014
Maining Address 333 Capitol Mail, Suite 310			4: 4:	20.1
City	State Zip Code		Transaction ID :	EVDD526
Sacramento	CA 95814		mansaciion iD :	LAI 0000
Purpose of Disbursement Non Monetary Donation to Planned Parenthood A	dvocates Mar Monte (ID	040		
#C90007311) Candidate Name		012	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		3.30
Office Sought: House Disburs	ement For:	1,900	-	
Senate	Primary General			
President	Other (specify)			
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TOTAL This Period (last page this line number only	y)			

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 19 OF 57	
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or for commercial purposes, other than using the na	me and address of any politi	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Protecting Choice in California, a	project of Planned P	arenthood /	Affiliates of California	
/ Full Name (Look First Middle 1-95-1)				
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A. Planned Parenthood Affiliates of C	aiiiUIIIid		M M / D D / Y Y Y Y	
Mailing Address 555 Capitol Mall, Suite 510			11 21 2014	
City	State Zip Code		Transaction ID : EXPB564	
Sacramento	CA 95814		Hallsaction ID . EAF D304	
Purpose of Disbursement Non Monetary Donation to Planned Parenthood Ad	dvocates Mar Monte (ID	012	Amount of Each Dishurgers and this David	
#COUNTS AT THE COUNTS AT THE C		012	Amount of Each Disbursement this Period	
Cardidate Ivallie		Category/ Type	118.77	
Office Sought: House Disburse	ment For:	. 7 -		
Senate	Primary General			
President	Other (specify) ▼			
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Mailing Address 555 Capitol Mall, Suite 510			11 21 2014	
City	State Zip Code			
Sacramento	CA 95814		Transaction ID : EXPB562	
Purpose of Disbursement	ation Fund of the Death			
Non Monetary Donation to Planned Parenthood A	Cuon Fund of the Pacific	012	Amount of Each Disbursement this Period	
Candidate Name		Category/	645.12	
Office Sought: House Disburse	ment For:	Туре	, , , , ,	
Senate	ment For: Primary General			
President	Other (specify)			
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Candidate Name		Category/		
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	ment For:			
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Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 20
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Polling; 9/1-9/30 Lake Research Partners, Inc. Mailing Address 1726 M Street, NW, Suite 100 State Zip Code DC Washington 20036 Transaction ID: PAYD108 Outstanding Balance Beginning This Period 1533.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1533.75 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Polling; 9/1-9/30 Lake Research Partners, Inc. Mailing Address 1726 M Street, NW, Suite 100 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: PAYD122 1533.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1533.75 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Polling; Costs to be reimbursed by Planned Lake Research Partners, Inc. Parenthood Action Fund Pacific Southwest Mailing Address 1726 M Street, NW, Suite 100 City State Zip Code Washington DC 20036 Transaction ID: PAYD257 Outstanding Balance Beginning This Period 6135.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 6135.00 0.00 9202.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 21 OF
FOR LINE NUMBER:
(check only one)

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57

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD115 Outstanding Balance Beginning This Period 2664.36 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2664.36 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD118 390.08 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 299.84 90.24 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD124 Outstanding Balance Beginning This Period 2664.36 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2664.36 0.000.00 299.84 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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PAGE 22 OF FOR LINE NUMBER: (check only one)

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Excluding Loans numbered line) NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD125 Outstanding Balance Beginning This Period 390.09 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 90.24 299.85 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD339 8583.33 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 8583.33 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Internet for Field Office; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD363 Outstanding Balance Beginning This Period 62.68 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.000.00 62.68

1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 23
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OF

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Internet for Field Office; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD364 Outstanding Balance Beginning This Period 62.69 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 62.69 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Supplies for Field Office; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD365 54.14 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 54.14 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Supplies for Field Office; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD366 Outstanding Balance Beginning This Period 54.14 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 54.14 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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24 OF

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time & Travel Expenses for Field Office: Planned Parenthood Affiliates of California 10/1 - 10/15 Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD368 Outstanding Balance Beginning This Period 1224.79 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1224.79 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Voter Guide: 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD370 9.90 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 9.90 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Online Voter Guide; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD371 Outstanding Balance Beginning This Period 9.90 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 9.90 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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25 OF

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time & Travel Expenses; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD372 Outstanding Balance Beginning This Period 1624.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1624.95 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time & Travel Expenses; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD373 1624.95 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1624.95 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time for Field Office; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD374 Outstanding Balance Beginning This Period 1224.80 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1224.80 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 26 OF
FOR LINE NUMBER:
(check only one)

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57

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD460 Outstanding Balance Beginning This Period 769.18 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 769.18 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Advocates Mar Monte (ID #C90007311) Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD461 214.07 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 214.07 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD462 Outstanding Balance Beginning This Period 355.40 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 355.40 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 27 OF
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(check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr	roject of Planned Parenthood	Affiliates of California
A. Full Name (Last, First, Middle Initial) of Deb Planned Parenthood Affiliates	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific	
Mailing Address 555 Capitol Mall, Suite 510		Southwest (ID #C90011412)
City State Sacramento	Zip Code CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD518
3.96		
Amount Incurred This Period 0.00	Payment This Period 3.96	Outstanding Balance at Close of This Period 0.00
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose):
Planned Parenthood Affiliates of		Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311)
Mailing Address 555 Capitol Mall, Suite 510		#690007311)
City State Sacramento	Zip Code CA 95814	
Outstanding Balance Beginning This Period 3.96		Transaction ID : PAYD519
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	3.96	0.00
C. Full Name (Last, First, Middle Initial) of Deb Planned Parenthood Affiliates		Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311)
Mailing Address 555 Capitol Mall, Suite 510		1,000001011)
City Sacramento	State Zip Code CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD555
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	153.13	0.00
SUBTOTALS This Period This Page (optional).	1	0.00
2) TOTALS This Period (last page this line number	er only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
	e C (last page only)	7

Excluding Loans

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FOR LINE NUMBER:
(check only one)

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	ME OF COMMITTEE (In Full) rotecting Choice in California, a pro	ject of Plar	ned Parenthood A	Affiliates of California
	A. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates o	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific		
	Mailing Address 555 Capitol Mall, Suite 510			Southwest (ID #C90011412)
	City State Sacramento	Zip Code CA	95814	
	Outstanding Balance Beginning This Period			Transaction ID : PAYD556
	645.12			
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
	0.00		645.12	0.00
ł	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	Planned Parenthood Affiliates of	California		Staff Time; 10/1 - 10/15
	Mailing Address 555 Capitol Mall, Suite 510			_
	City State Sacramento	Zip Code CA	95814	
٠	Outstanding Balance Beginning This Period			Transaction ID : PAYD557
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period
	Amount Incurred This Period 0.00	Payn	nent This Period	Outstanding Balance at Close of This Period 0.00
,		r or Creditor		
	C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		0.00 Nature of Debt (Purpose):
	C. Full Name (Last, First, Middle Initial) of Debto Planned Parenthood Affiliates o	r or Creditor		0.00 Nature of Debt (Purpose):
	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period	r or Creditor of California	118.95 Zip Code	0.00 Nature of Debt (Purpose):
	C. Full Name (Last, First, Middle Initial) of Debto Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento	r or Creditor of California State CA	Zip Code 95814	Nature of Debt (Purpose): Supplies; 11/1 - 11/4 Transaction ID : PAYD449
	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period	r or Creditor of California State CA	118.95 Zip Code	Nature of Debt (Purpose): Supplies; 11/1 - 11/4
	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period 0.00	r or Creditor of California State CA	Zip Code 95814	Nature of Debt (Purpose): Supplies; 11/1 - 11/4 Transaction ID : PAYD449
1)	C. Full Name (Last, First, Middle Initial) of Debto Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	r or Creditor f California State CA Payn	Zip Code 95814	Nature of Debt (Purpose): Supplies; 11/1 - 11/4 Transaction ID : PAYD449 Outstanding Balance at Close of This Period
	C. Full Name (Last, First, Middle Initial) of Debto Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 250.00	r or Creditor f California State CA Payn	Zip Code 95814	Nature of Debt (Purpose): Supplies; 11/1 - 11/4 Transaction ID : PAYD449 Outstanding Balance at Close of This Period 250.00
2)	C. Full Name (Last, First, Middle Initial) of Debto Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 250.00 SUBTOTALS This Period This Page (optional)	r or Creditor of California State CA Payn Only)	Zip Code 95814 Dent This Period 0.00	Nature of Debt (Purpose): Supplies; 11/1 - 11/4 Transaction ID : PAYD449 Outstanding Balance at Close of This Period 250.00

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time: 11/5 - 11/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code CA Sacramento 95814 Transaction ID: PAYD603 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 51.16 51.16 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting for Field Program; 10/1 - 10/15 Wagaman Strategies Mailing Address 886 Metal Lane City State Zip Code West Sacramento 95691 CA Outstanding Balance Beginning This Period Transaction ID: PAYD375 62.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 62.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting for Field Program; 10/1 - 10/15 Wagaman Strategies Mailing Address 886 Metal Lane Zip Code City State West Sacramento 95691 CA Transaction ID: PAYD376 Outstanding Balance Beginning This Period 62.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 62 50 0.00 176.16 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 30
FOR LINE NUMBER: (check only one)

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OF

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Wagaman Strategies Parenthood Advocates Mar Monte (ID #C90007311) Mailing Address 886 Metal Lane City State Zip Code West Sacramento CA 95691 Transaction ID: PAYD591 Outstanding Balance Beginning This Period 156.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 156.25 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Wagaman Strategies Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 886 Metal Lane City State Zip Code West Sacramento 95691 CA Outstanding Balance Beginning This Period Transaction ID: PAYD592 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for Field Program; 10/16 Wagaman Strategies - 10/31 Mailing Address 886 Metal Lane Zip Code City State West Sacramento 95691 CA Transaction ID: PAYD419 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 46 87 46.87 453.12 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 31 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr	roject of Planned Parenthood	Affiliates of California	
A. Full Name (Last, First, Middle Initial) of Debi Wagaman Strategies	tor or Creditor	Nature of Debt (Purpose): Campaign Consulting for Field Program; 10/16 - 10/31	
Mailing Address 886 Metal Lane			
City State	Zip Code		
West Sacramento	CA 95691	Transaction ID : PAYD422	
Outstanding Balance Beginning This Period 0.00		Transaction in . 1 A 10422	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
46.88	0.00	46.88	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):	
Wagaman Strategies		Campaign Consulting for Canvassing Activities; 11/1 - 11/4	
Mailing Address 886 Metal Lane			
City State	Zip Code		
West Sacramento	CA 95691		
Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD492	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
125.00	0.00	125.00	
C. Full Name (Last, First, Middle Initial) of Deb James Wisley	tor or Creditor	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)	
Mailing Address 1570 Prospect Avenue		, , , , , , , , , , , , , , , , , , , ,	
City Hermosa Beach	State Zip Code CA 90254		
Outstanding Balance Beginning This Period		Transaction ID: PAYD593	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	250.00	
1) SUBTOTALS This Period This Page (optional).	·····	421.88	
2) TOTALS This Period (last page this line number	er only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)		

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for Robocalls; 10/16 -James Wisley 10/31 Mailing Address 1570 Prospect Avenue State Zip Code Hermosa Beach 90254 Transaction ID: PAYD420 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for Canvassing James Wisley Activities; 11/1 - 11/4 Mailing Address 1570 Prospect Avenue City State Zip Code Hermosa Beach 90254 CA Outstanding Balance Beginning This Period Transaction ID: PAYD491 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 83.75 0.00 83.75 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for GOTV Activities; 11/1 James Wisley -11/4Mailing Address 1570 Prospect Avenue City State Zip Code Hermosa Beach 90254 CA Transaction ID: PAYD627 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 83.75 83.75 417.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 33 OF
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NAME OF COMMITTEE (In Full) Protecting Choice in California, a	project of Planned Parenthood	Affiliates of California	
A. Full Name (Last, First, Middle Initial) of I	Nature of Debt (Purpose): Campaign Consulting for GOTV Activities; 11/1 - 11/4		
Mailing Address 1570 Prospect Avenue			
City State Hermosa Beach	Zip Code CA 90254		
Outstanding Balance Beginning This Perio	od	Transaction ID : PAYD628	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
82.50	0.00	82.50	
B. Full Name (Last, First, Middle Initial) of D	Debtor or Creditor	Nature of Debt (Purpose):	
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of I	Debtor or Creditor	Nature of Debt (Purpose):	
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Perio			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1) SUBTOTALS This Period This Page (option	nal)▶	, 82.50	
2) TOTALS This Period (last page this line nu	imber only)	11603.35	
3) TOTAL OUTSTANDING LOANS from Sche	edule C (last page only)	0.00	
4) ADD 2) and 3) and carry forward to approp	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	34	OF	57	
FOR L	INE 24	OF	FORM 3X	

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Chains in California a project of Planned Parenth and				
Protecting Choice in California, a project of Planned Parenthood Affiliates of California				
Check if 24-hour report 48-hour report New report Ame	ends report filed on/ D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
AMS Communications, Inc.	10 26 / Y Y Y Y Y			
Mailing Address 500 Sansome Street, Suite 404	Amount			
City State Zip Code	3500.00			
San Francisco CA 94111	Transaction ID : EDTEALC12 Date of Disbursement or Obligation			
Purpose of Expenditure Door Hangers Category/ Type	24E 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	upport Office Sought: X House District: 26			
Iulio Province	ppose President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought 157218.86	Disbursement For: Primary General 2014			
	Other (specify) ▶			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
Mailing Address 555 Capitol Mall, Suite 510	09 01 2014 Amount			
City State Zip Code	2664.36			
Sacramento CA 95814	Transaction ID : PDTE15 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30 Category/ Type	24E 09 01 7 2014			
Name of Federal Candidate	upport Office Sought: X House District: 26			
Julia Provincy	ppose President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought 157218.86	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	6164.36			
(b) SUBTOTAL of Unitemized Independent Expenditures	······································			
(c) TOTAL Independent Expenditures	······································			
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed]	Date 12 02 7 2014			
Signature				

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Form/Schedule: SE Transaction ID: PDTE15

Payment for independent expenditure disseminated in prior period

Form/Schedule: Transaction ID:

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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FOR	LINE 24	OF F	ORM (3X

			FOR LINE 24 OF FORM 3X		
	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼				
	Affiliates of California C C00556860				
Check if	24-hour report 48-hour report New rep	port Amends repor	t filed on		
Full N	lame of Payee nned Parenthood Affiliates of California		Date of Public Distribution/Dissemination		
			09 / 01 / 2014		
Iviallin	g Address 555 Capitol Mall, Suite 510		Amount		
City	State	Zip Code	90.24		
Sacra	mento CA	95814	Transaction ID : PDTE20 Date of Disbursement or Obligation		
	se of Expenditure lies for Field Office; 9/1-9/30	Category/ Type 24E	09 01 2014		
Name	of Federal Candidate	X Support	Office Sought:		
Julia	Brownley	Oppose	President Senate State: CA		
	Calendar Year-To-Date Per Election for Office Sought	157218.86	Disbursement For: Primary Seneral 2014		
			Other (specify)		
	lame of Payee nned Parenthood Affiliates of California		Date of Public Distribution/Dissemination		
Mailir	ng Address 555 Capitol Mall, Suite 510		09 01 2014 Amount		
City	State	Zip Code	2664.36		
Sacra	amento CA	95814	Transaction ID : PDTE26 Date of Disbursement or Obligation		
	ose of Expenditure Time and Travel for Field Program; 9/1-9/30	Category/ Type 24A	09 / D1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name	of Federal Candidate	Support	Office Sought:		
Jeff (Gorell	X Oppose	President Senate State: CA		
	Calendar Year-To-Date Per Election for Office Sought	157218.86	Disbursement For: Primary		
(a) SU	BTOTAL of Itemized Independent Expenditures		2754.60		
			7 7 7		
(b) SU	BTOTAL of Unitemized Independent Expenditures		>		
(c) TO	TAL Independent Expenditures				
with, or	penalty of perjury I certify that the independent expenditures r at the request or suggestion of, any candidate or authorized ommittee) any political party committee or its agent.				
_	Kathleen Cogan [Electron	nically Filed] Date	12		
Sign	nature				

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE20

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE26

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FOR	LINE 24	OF F	FORM 3X

					FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						
Affiliates of California						
Check if 24-hour report 48-hour report	New rep	ort Ame	nds repo	rt filed on	W = M / D = D /	Y Y Y Y Y
Full Name of Payee Planned Parenthood Affiliates of Califor	nia			Date	of Public Distribution	Dissemination
				[09 / 01 /	2014
Mailing Address 555 Capitol Mall, Suite 510				Amou	unt	
City	State	Zip Code		— I		90.24
Sacramento	CA	95814			action ID : PDTE27 of Disbursement or C	Obligation
Purpose of Expenditure Supplies for Field Office; 9/1-9/30		Category/ Type	24A		09 / 01 /	2014
Name of Federal Candidate		Su	upport	Office Soug	ht: X House	District: 26
Jeff Gorell		X o	opose	Presid	lent Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		157218.86		Disbursement 2014	, ,	General
Full Name of Payee					Other (specify) -	/Diagramina tian
Planned Parenthood Affiliates of Ca	lifornia				of Public Distribution	Volssemination 2014
Mailing Address 555 Capitol Mall, Suite 510				Amo		2014
City	State	Zip Code		— I I I		54.14
Sacramento	CA	95814			action ID : PDTE44 of Disbursement or 0	Obligation
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/15		Category/ Type	24E		10 / 01 /	2014
Name of Federal Candidate		X Su	upport	Office Soug	ht: X House	District: 26
Julia Brownley		O	ppose	Presid	dent Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	157218.86		Disburseme 2014	nt For: Primary Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditu	res			· [.	7 1 7	144.38
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures				•	1 7 1 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Kathleen Cogan	[Electron	ically Filed]	Date	M M /	02 / 201	1 1
Signature		_	Dato			

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE27

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE44

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FOR	LINE 24	OF	FORM	3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼				
Affiliates of California				
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
	10 01 2014			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	54.14			
Sacramento CA 95814	Transaction ID : PDTE45 Date of Disbursement or Obligation			
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/15 Category/ Type 24A	10 01 2014			
Name of Federal Candidate Support	Office Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
	Disbursement For: Primary General			
	Other (specify) -			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
Mailing Address 555 Capitol Mall, Suite 510	10 01 2014 Amount			
City State Zip Code	62.68			
Sacramento CA 95814	Transaction ID : PDTE46 Date of Disbursement or Obligation			
Purpose of Expenditure Internet for Field Office; 10/1 - 10/15 Category/ Type 24A	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support	Office Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	116.82			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	7 7			
(c) TOTAL Independent Expenditures	>			
Under penalty of perjury I certify that the independent expenditures reported herein were now with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

1mage# 14952961934 PAGE 41 / 57

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE Transaction ID: PDTE45

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE46

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FOR	LINE 24	OF	FORM	3X

		FOR LINE 24 OF FORM 3X			
	NAME OF COMMITTEE (In Full) Protecting Chains in Colifornia a project of Planned Parenth and				
	Protecting Choice in California, a project of Planned Parenthood Affiliates of California				
Chec	ck if 24-hour report 48-hour report New report Amends report filed	d on Man / Dad / Yayayay			
F	Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
L		10 01 7 2014			
ľ	Mailing Address 555 Capitol Mall, Suite 510	Amount			
	City State Zip Code	62.69			
١	Sacramento CA 95814	Transaction ID : PDTE47 Date of Disbursement or Obligation			
	Purpose of Expenditure Internet for Field Office; 10/1 - 10/15 Category/ Type 24E	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Offic	e Sought: X House District: 26			
	Julia Brownley Oppose	President Senate State: CA			
ı	Calendar Year-To-Date Per Election for Office Sought Disb 2014				
-		U Other (specify) ►			
ľ	Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
-	Mailing Address 555 Capitol Mall, Suite 510	10 01 2014 Amount			
\perp	City State Zip Code	1624.95			
	Sacramento CA 95814	Transaction ID : PDTE48 Date of Disbursement or Obligation			
	Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/15 Category/ Type 24A	10 01 / 2014			
Ī	Name of Federal Candidate Support Offic	e Sought: X House District: 26			
	Jeff Gorell Oppose	President Senate State: CA			
	Calendar Year-To-Date Per Election for Office Sought Disb 201-	ursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	1687.64			
(b	SUBTOTAL of Unitemized Independent Expenditures				
		7 7			
(c	r) TOTAL Independent Expenditures	7 7			
Wi	nder penalty of perjury I certify that the independent expenditures reported herein were not meth, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.				
	Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature				

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE47

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE48

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FOR I	INE 24	OF	FORM	ЗХ

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼				
Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
	10 01 Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	1624.95			
Sacramento CA 95814	Transaction ID : PDTE49 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/15 Category/ Type 24E	10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disb				
Tot Elisation for Clinica Gaagint	Other (specify) ▶			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
Mailing Address 555 Capitol Mall, Suite 510	10 01 2014 Amount			
City State Zip Code	1224.79			
Sacramento CA 95814	Transaction ID : PDTE50 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/15 Category/ Type 24A	10 01 2014			
Name of Federal Candidate Support Office	ce Sought: X House District:26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE49

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE50

PAGE	46	OF	57	
FOR	LINE 24	OF	FORM	ЗХ

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Chains in Colifornia a project of Planned Perentheed FEC IDENTIFICATION NUMBER ▼			
Protecting Choice in California, a project of Planned Parenthood Affiliates of California			
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
Planned Parenthood Affiliates of California	10 01 7 2014		
Mailing Address 555 Capitol Mall, Suite 510	Amount		
City State Zip Code	1224.80		
Sacramento CA 95814	Transaction ID : PDTE51 Date of Disbursement or Obligation		
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/15 Category/ Type 24E	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Off	fice Sought: X House District: 26		
Julia Brownley Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary X General Other (specify) ▶		
Full Marco of Power			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 555 Capitol Mall, Suite 510	Amount		
City State Zip Code	9.90		
Sacramento CA 95814	Transaction ID : PDTE52 Date of Disbursement or Obligation		
Purpose of Expenditure Online Voter Guide; 10/1 - 10/15 Category/ Type 24A	10 01 7 2014		
Name of Federal Candidate Support Off	fice Sought: X House District: 26		
Jeff Gorell Oppose	President Senate State: CA		
	sbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	1234.70		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	•		
Kathleen Cogan [Electronically Filed] Date	12 02 2014		
Signature			

1mage# 14952961940 PAGE 47 / 57

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE51

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE52

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FOR	LINE 24	OF	FORM	ЗХ

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Chains in Colifornia a project of Planted Porenth and			
Protecting Choice in California, a project of Planned Parenthood Affiliates of California			
Check if 24-hour report 48-hour report New report Amends	s report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination		
Planned Parenthood Affiliates of California	10 01 7 2014		
Mailing Address 555 Capitol Mall, Suite 510	Amount		
City State Zip Code	9.90		
Sacramento CA 95814	Transaction ID : PDTE53 Date of Disbursement or Obligation		
Purpose of Expenditure Online Voter Guide; 10/1 - 10/15 Category/ Type	24E 10 01 2014		
Name of Federal Candidate Supp	port Office Sought: X House District: 26		
Julia Brownley Oppo			
Calendar Year-To-Date Per Election for Office Sought 157218.86	Disbursement For: Primary General 2014 Other (appoint)		
Full Manner of Davis	Other (specify)		
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 555 Capitol Mall, Suite 510	Amount		
City State Zip Code	10.55		
Sacramento CA 95814	Transaction ID : PDTE61 Date of Disbursement or Obligation		
Purpose of Expenditure Online Voter Guide; 10/16 - 10/31 Category/ Type	24A 10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Supp	port Office Sought: X House District: 26		
Jeff Gorell Oppo			
Calendar Year-To-Date Per Election for Office Sought 157218.86	Disbursement For: Primary ☐ General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures	······································		
(c) TOTAL Independent Expenditures	······································		
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.			
Kathleen Cogan [Electronically Filed]	Date 12 02 7 2014		
Signature			

1mage# 14952961942 PAGE 49 / 57

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SE Transaction ID: PDTE53

Payment for independent expenditure disseminated in prior period

Form/Schedule: Transaction ID:

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FOR	LINE 24	OF F	ORM 3X	

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼			
Affiliates of California	C C00556860		
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay		
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination		
	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 555 Capitol Mall, Suite 510	Amount		
City State Zip Code	1661.77		
Sacramento CA 95814	Transaction ID : PDTE62 Date of Disbursement or Obligation		
Purpose of Expenditure Staff Time & Travel Expenses; 10/16 - 10/31 Category/ Type 24A	10 17 2014		
Name of Federal Candidate Support Office	ce Sought: X House District: 26		
Jeff Gorell Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought Disb. 2014			
	Other (specify)		
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination		
Mailing Address 555 Capitol Mall, Suite 510	Amount		
City State Zip Code	10.55		
Sacramento CA 95814	Transaction ID : PDTE64 Date of Disbursement or Obligation		
Purpose of Expenditure Online Voter Guide; 10/16 - 10/31 Category/ Type 24E	10 16 2014		
Name of Federal Candidate Support Office	ce Sought: X House District: 26		
Julia Brownley Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought Dist 201	bursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	1672.32		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
Kathleen Cogan [Electronically Filed] Date	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

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FOR	LINE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼			
Affiliates of California			
Check if 24-hour report 48-hour report New re	eport Amends report file	ed on Man / Dad / Yayayay	
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination	
		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 555 Capitol Mall, Suite 510		Amount	
City State	Zip Code	1661.78	
Sacramento CA	95814	Transaction ID : PDTE65 Date of Disbursement or Obligation	
Purpose of Expenditure Staff Time & Travel Expenses; 10/16 - 10/31	Category/ Type 24E	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support Offi	ice Sought: X House District: 26	
Julia Brownley	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	Dis 157218.86 201		
		Other (specify) -	
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination	
Mailing Address 555 Capitol Mall, Suite 510		11 01 2014 Amount	
City State	Zip Code	125.37	
Sacramento CA	95814	Transaction ID : PDTE75 Date of Disbursement or Obligation	
Purpose of Expenditure Internet for Field Office; 11/1 - 11/4	Category/ Type 24E	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support Off	fice Sought: X House District: 26	
Julia Brownley	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	157218.86 Dis 20°	sbursement For: Primary X General 14 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		1787.15	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····		
(c) TOTAL Independent Expenditures	·····		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
Kathleen Cogan [Electro	onically Filed]	12 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼			
	Affiliates of California C c00556860			
Che	eck if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay		
Т	Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination		
-		11 01 2014		
	Mailing Address 555 Capitol Mall, Suite 510	Amount		
ŀ	City State Zip Code	10.56		
	Sacramento CA 95814	Transaction ID : PDTE76 Date of Disbursement or Obligation		
	Purpose of Expenditure Online Voter Guide; 11/1 - 11/4 Category/ Type 24E	11 01 / 2014		
ı	Name of Federal Candidate Support Office	e Sought: X House District: 26		
	Julia Brownley Oppose	President Senate State: CA		
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶		
ľ	Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination		
ŀ	Mailing Address 555 Capitol Mall, Suite 510	Amount		
ŀ	City State Zip Code	3552.71		
	Sacramento CA 95814	Transaction ID : PDTE77 Date of Disbursement or Obligation		
	Purpose of Expenditure Staff Time & Travel Expenses; 11/1 - 11/4 Category/ Type 24E	11 / 01 / 2014		
		ee Sought: X House District: 26		
	Julia Brownley Oppose	President Senate State: CA		
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify) Other		
(a) SUBTOTAL of Itemized Independent Expenditures	3563.27		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
W	Under penalty of perjury I certify that the independent expenditures reported herein were not multiply vith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.			
	Bate	12 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature			

PAGE	53	OF	57
FOR I	LINE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼			
Affiliates of California			
Check if 24-hour report 48-hour report New report	Amends report filed	on	
Full Name of Payee		Date of Public Distribution/Dissemination	
Planned Parenthood Affiliates of California [MEMO ITEM]		11 01 7 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount	
City State Z	ip Code	250.00	
1 '	95814	Transaction ID : PDTE78 Date of Disbursement or Obligation	
Purpose of Expenditure Supplies; 11/1 - 11/4	Category/ Type 24E	11 01 2014	
Name of Federal Candidate	Support Office	e Sought: X House District: 26	
Julia Brownley	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	Disbu 157218.86 2014		
		Other (specify)	
Full Name of Payee PZ Associates		Date of Public Distribution/Dissemination	
Mailing Address 816 1/2 North Poinsettia Place		10 16 2014 Amount	
	ip Code	1852.50	
	90046	Transaction ID : EDTEALC13 Date of Disbursement or Obligation	
Purpose of Expenditure Voter Outreach & Expenses; 10/16 - 10/31	Category/ Type 24A	11 03 7 2014	
Name of Federal Candidate	Support Office	e Sought: X House District: 26	
Jeff Gorell	X Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	157218.86 Disbut	ursement For: Primary X General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	>	1852.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(b) SOBTOTAL OF STREETING MICEPORTAGE EXPONENTIAL STREET		7 7	
(c) TOTAL Independent Expenditures	·····		
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.			
Kathleen Cogan [Electronica	ully Filed] Date 1	2 02 Y Y Y Y Y Y Y Y Y	
Signature	Saio		

PAGE	54	OF	57
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼			
Affiliates of California			
Check if 24-hour report 48-hour report New report Amends report	port filed on		
Full Name of Payee PZ Associates	Date of Public Distribution/Dissemination		
	10 / 16 / 2014		
Mailing Address 816 1/2 North Poinsettia Place	Amount		
City State Zip Code	1852.50		
Los Angeles CA 90046	Transaction ID : EDTEALC14 Date of Disbursement or Obligation		
Purpose of Expenditure Voter Outreach & Expenses; 10/16 - 10/31 Category/ Type 24E	11 03 / Y Y Y Y Y		
Name of Federal Candidate Support	Office Sought: X House District: 26		
Julia Brownley Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 157218.86	Disbursement For: Primary		
Full Name of Payee	Date of Public Distribution/Dissemination		
PZ Associates	M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1		
Mailing Address 816 1/2 North Poinsettia Place	Amount		
City State Zip Code	6279.15		
Los Angeles CA 90046	Transaction ID: PDTE74 Date of Disbursement or Obligation		
Purpose of Expenditure Voter Outreach & Expenses; 11/1 - 11/4 Category/ Type 24E	11 01 2014		
Name of Federal Candidate Support	Office Sought: House District: 26		
Julia Brownley Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 8131.65		
(b) SUBTOTAL of Unitemized Independent Expenditures	··· >		
(c) TOTAL Independent Expenditures	··· >		
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.			
Kathleen Cogan [Electronically Filed] Date	te 12 / 02 / Y Y Y Y Y Y		
Signature			

PAGE	55	OF	57
FOR	LINE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼			
Affiliates of California	C C00556860		
Check if 24-hour report 48-hour report New report Amends r	report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination		
Wagaman Strategies [MEMO ITEM]	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 886 Metal Lane	Amount		
City State Zip Code	46.87		
West Sacramento CA 95691	Transaction ID : PDTE67 Date of Disbursement or Obligation		
Purpose of Expenditure Campaign Consulting; 10/16 - 10/31 Category/ Type 2	M 10 / 17 / 2014		
Name of Federal Candidate Suppor	t Office Sought: X House District: 26		
Jeff Gorell Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 157218.86	Disbursement For: Primary ☐ General 2014 Other (specify) ►		
Full Name of Payee Wagaman Strategies	Date of Public Distribution/Dissemination		
Mailing Address 886 Metal Lane	Amount		
City State Zip Code	46.88		
West Sacramento CA 95691	Transaction ID : PDTE68 Date of Disbursement or Obligation		
Purpose of Expenditure Campaign Consulting; 10/16 - 10/31 Category/ Type 2	4E 10 17 17 2014		
Name of Federal Candidate Suppor	rt Office Sought: House District: 26		
Julia Brownley Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.			
Kathleen Cogan [Electronically Filed]	Date 12 02 2014		
Signature			

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FOR	LINE 24	OF FO	DRM 3X

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood	FEC IDENTIFICATION NUMBER ▼				
Affiliates of California	C C00556860				
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay				
Full Name of Payee	Date of Public Distribution/Dissemination				
Wagaman Strategies [MEMO ITEM]	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 886 Metal Lane	Amount				
City State Zip Code	125.00				
West Sacramento CA 95691	Transaction ID : PDTE79 Date of Disbursement or Obligation				
Purpose of Expenditure Campaign Consulting for Canvassing Activities; 11/1 - 11/4 Category/ Type 24E	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	ce Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought Disk 201	bursement For: Primary				
Full Name of Payee	Date of Public Distribution/Dissemination				
James Wisley [MEMO ITEM]	10 16 2014				
Mailing Address 1570 Prospect Avenue	Amount				
City State Zip Code	250.00				
Hermosa Beach CA 90254	Transaction ID : PDTE73 Date of Disbursement or Obligation				
Purpose of Expenditure Campaign Consulting for Robocalls; 10/16 - 10/31 Category/ Type 24E	M 10 / 17 / Y Y Y Y Y 2014				
Name of Federal Candidate Support Office	ce Sought: X House District: 24				
Lois Capps Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	0.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.					
Kathleen Cogan [Electronically Filed] Date	12 02 Y 2014				
Signature					

PAGE	57	OF	57
FOR L	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Protecting Choice in California, a project of Planned Parenthood Affiliates of California	C C00556860
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
James Wisley [MEMO ITEM]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1570 Prospect Avenue	Amount
City State Zip Code Hermosa Beach CA 90254	83.75 Transaction ID : PDTE83 Date of Disbursement or Obligation
Purpose of Expenditure Campaign Consulting for GOTV Activities; 11/1 - 11/4 Category/ Type 24E	11 01 / 2014
Name of Federal Candidate Support Offic	ee Sought: X House District: 24
Lois Capps Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	
	Other (specify)
Full Name of Payee James Wisley [MEMO ITEM]	Date of Public Distribution/Dissemination 11 01 2014
Mailing Address 1570 Prospect Avenue	Amount
City State Zip Code	83.75
Hermosa Beach CA 90254	Transaction ID : PDTE80 Date of Disbursement or Obligation
Purpose of Expenditure Campaign Consulting for Canvassing Activities; 11/1 - 11/4 Category/ Type 24E	11 01 2014
Name of Federal Candidate Support Office	ce Sought: House District:26
Julia Brownley Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify) Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	31979.58
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	